

# Serious liver-related condition on the rise in the US

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A new analysis reveals that cirrhosis and acute on chronic liver failure (ACLF, a deterioration of liver function in patients with cirrhosis that results in the failure of one or more organs) represent a substantial and increasing health and economic burden in the United States.

The number of hospitalizations for cirrhosis nearly doubled from 371,000 in 2001 to 659,000 in 2011. The prevalence of ACLF among those hospitalizations increased from 1.5 percent to 5 percent. The inpatient costs increased twofold for cirrhosis (\$4.8 billion to \$9.8 billion) and fivefold for ACLF (\$320 million to \$1.7 billion).

"This study is the first to illustrate the increase in prevalence and cost of ACLF hospitalizations in the U.S., which highlights important public health concerns", said Dr. Alina Allen, lead author of the *Hepatology* study. "The increasing number of hospitalizations for multiorgan failure in cirrhosis is partly explained by the increase in infectious complications, a recognized leading cause of decompensation and death in this patient population." Dr. Allen added that the care of hospitalized cirrhotic patients in general, and patients with ACLF in particular, is expensive because it requires highly specialized and resource-intensive care, organ-failure support, or [liver transplantation](#).

"Despite major improvements in liver disease management, the care standards seem to be far from optimal, as evident by growing rates of hospitalizations for complications of [cirrhosis](#)," she said. "The concerning trends observed in this study will not change without

systematic and coordinated attempts that target healthcare, from risk-factor modification to early diagnosis and better disease management." Although the mortality rates during ACLF hospitalizations decreased over the decade of study, they remained high at 50 percent.

**More information:** *Hepatology*, [DOI: 10.1002/hep.28812](https://doi.org/10.1002/hep.28812)

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